₹ FORM D



## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response.....16.00

SEC USE ONLY					
Prefix		Serial			
DATE RECEIVED					

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  \$1.5 Million Private Placement of Common Stock  Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)  Type of Filing: New Filing Amendment  A. BASIC IDENTIFICATION DATA  I. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Filing: New Filing Amendment  A. BASIC IDENTIFICATION DATA  I. Enter the information requested about the issuer
Type of Filing: New Filing Amendment  A. BASIC IDENTIFICATION DATA  I. Enter the information requested about the issuer
A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer
Enter the information requested about the issuer
11/10c 101
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)
UnsignedArtists.com Inc.
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
Two South Street, Grafton, MA 01519 (508) 839-9900
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Telephone Number (Including Area Code)
Brief Description of Business
digital music distribution
PROCESSED
Type of Business Organization  corporation   limited partnership, already formed   other (please specify):   business trust   limited partnership, to be formed   JUN 1 9 2007
Actual or Estimated Date of Incorporation or Organization: O 4 O 7 Actual Estimated  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)
GENERAL INSTRUCTIONS
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date of which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any change thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.
Filing Fee: There is no federal filing fee.
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopte ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sale are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount sha accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENHIUN

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. BAS	IC IDENTIFIC	ATION DATA			
2. Enter the information re	quested for the fo	llowing:					
<ul> <li>Each promoter of t</li> </ul>	•	-	_	-			
<ul> <li>Each beneficial ow</li> </ul>	ner having the pow	er to vote or dispos	, or direct the vo	te or disposition	of, 10% or more of	faclas	s of equity securities of the issuer.
<ul> <li>Each executive off</li> </ul>	icer and director o	f corporate issuers	and of corporate	general and man	aging partners of	partne	rship issuers; and
<ul> <li>Each general and n</li> </ul>	nanaging partner o	f partnership issue	s.				
Check Box(es) that Apply:	Promoter	■ Beneficial C	wner 🔽 Ex	ecutive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)						
Fantasia, Salvatore	,						•
Business or Residence Addre Two South Street, Grafto	•	Street, City, State,	Zip Code)				
Check Box(es) that Apply:	Promoter	Beneficial C	wner 📝 Ex	ecutive Officer	☑ Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)			······································			
Whitney, Richard							
Business or Residence Addre	ss (Number and	Street, City, State.	Zip Code)				
Two South Street, Grafton	, MA 01519						
Check Box(es) that Apply:	Promoter	Beneficial C	wner Ex	ecutive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i Wilton, Robert	f individual)	· · · · · · · · · · · · · · · · · · ·					
Business or Residence Addre	ss (Number and	Street, City, State,	Zip Code)				
Two South Street, Graftor	n, MA 01519						
Check Box(es) that Apply:	Promoter	Beneficial C	wner 🖺 Ex	ecutive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)						
Landers, Dana M.							
Business or Residence Addre Two South Street, Grafto		Street, City, State,	Zip Code)				
Check Box(es) that Apply:	Promoter	Beneficial C	wner Ex	ecutive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i Lloyd, Michael J.	f individual)						
Business or Residence Addre Two South Street, Grafto	`	Street, City, State,	Zip Code)				
Check Box(es) that Apply:	Promoter	Beneficial C	wner Ex	ecutive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)					·	
Business or Residence Addre	ss (Number and	Street, City, State,	Zip Code)				
Check Box(es) that Apply:	Promoter	Beneficial C	wner Ex	ecutive Officer	Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)						
Business or Residence Addre	ss (Number and	Street, City, State,	Zip Code)				
<del></del>	(Use bla	nk sheet, or copy a	nd use additiona	l copies of this sl	heet, as necessary	)	

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	· · · · · · · · · · · · · · · · · · ·			В. П	NFORMAT	ION ABOU	T OFFERI	NG		`	V	
1. Has the	e issuer sole	d, or does th	ne issuer is	ntend to se	II. to поп-а	ccredited i	nvestors in	this offeri	ing?		Yes [	No <b>⊠</b>
	105451 501	., 0. 0000			Appendix,							حي
2. What is	s the minim	num investm			• •		_				\$ No	<u>min</u> imum
Z. WHEEL	3 th¢ mini	14111 11110501	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	50 2000	p	,					Yes	No No
3. Does th	ne offering	permit join	t ownershi	p of a sing	le unit?		••••				K	
commi If a per or state	ssion or sim son to be lis s, list the na	tion request allar remune sted is an ass ame of the b , you may s	ration for s sociated pe roker or de	solicitation erson or age ealer. If mo	of purchase ent of a brok ore than five	ers in conne ter or deale e (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in t SEC and/or	he offering. with a state		
Full Name ( Not Applica		first, if ind	ividual)									
Business or	Residence	Address (N	lumber and	d Street, C	ity, State, Z	(ip Code				<u> </u>		
Name of As	sociated B	roker or De	aler									
States in W	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						·
(Check	"All State	s" or check	individual	States)	***************************************						☐ All	States
			[47]		رجحا	(CT)	(DE)	क्टि	Ter 1	(CA)	HI	ΠĎ
AL TL	[AK]	AZ IA	[AR]	CA KY	CO LA	CT ME	DE MD	MA	[FL]	GA MN	MS	MO
MT	NE	NV]	[NH]	NJ	NM	NY	NC	ND]	OH	OK)	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	e Address (I	Number an	d Street, C	City, State,	Zip Code)		<del></del>				<del></del>
Name of As	ssociated B	roker or De	aler									
States in W	hich Person	n Listed Har	s Solicited	or Intends	to Solicit	Purchasers						
		s" or check									☐ Al.	States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
[L]	IN	[AZ]	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name	(Last name	first, if ind	ividual)			<u></u>				<del></del>		
Business o	r Residence	e Address (1	Number ar	nd Street, C	City, State,	Zip Code)						
Name of As	ssociated B	roker or De	aler	<u> </u>								
States in 117	hich Perco	n Listed Ha	e Solicited	or Intende	to Solicit	Purchasers		. <u></u>		<u> </u>		
		s" or check									☐ A!	l States
AL	AK	AZ	AR	CA	CO	CT]	DE	DC	FL	GA	HI	ĪĎ
TL.	[N]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	[NH]	NJ	NM	NY	NC	ND	OH	<u>OK</u>	OR	PA
RI	[SC]	SD	ואדו	TX	UT	[VT]	ĪVA	WA	[WV]	WI	WY	PR

## C. ÖFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debi	0.00	s 0.00
	Equity		·
	✓ Common		
	Convertible Securities (including warrants)	00.0	0.00 S
	Partnership Interests		\$ 0.00
	Other (Specify)		\$ 0.00
	Total	1,500,000.00	
	Answer also in Appendix, Column 3, if filing under ULOE.	<u></u>	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$ 100,000.00
	Non-accredited Investors		\$_0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504	<del></del>	\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		<b>S</b>
	Printing and Engraving Costs		\$
	Legal Fees		\$_5,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	······ <b>Z</b>	\$_5,000.00

	and total expenses furnished in response to Part	e offering price given in response to Part C — Question t C — Question 4.a. This difference is the "adjusted gro	52	\$ <u>1,495,000.0</u> 0
5.	each of the purposes shown. If the amount	oss proceed to the issuer used or proposed to be used a for any purpose is not known, furnish an estimate a total of the payments listed must equal the adjusted grown Part C — Question 4.b above.	nd	
			Payments to Officers, Directors. &	Pour orde de
			Affiliates	Payments to Others
	Salaries and fees		🕅 \$ <u>100_000</u> _00	K \$395,000.00
	Purchase of real estate		🗆 \$ <u>0.00</u>	<u>\$0</u>
	Purchase, rental or leasing and installation of	of machinery	┌┐≴0∙00	<b>∏\$</b> 0
		nd facilities		☐\$0.00
	Acquisition of other businesses (including to offering that may be used in exchange for the issuer pursuant to a merger)	the value of securities involved in this the assets or securities of another	[ \$ 0.00	<b>\$ 0.00</b>
	Repayment of indebtedness	,	o.00	\$ 0.00
				X\$1,000,000.00
	Other (specify):		\$ <u>0.00</u>	
			- <b>\$ 0.</b> 00 `	<u>\$ 0.00</u>
				<b>X</b> \$ 1,395,000.00
	Total Payments Listed (column totals added	n)	🛚 🔼 💲 <u>1</u>	<u>,495,000</u> .00
THE STATE OF		STEEDING PARTY		
sig	nature constitutes an undertaking by the issuer	by the undersigned duly authorized person. If this not r to furnish to the U.S. Securities and Exchange Com- on-accredited investor pursuant to paragraph (b)(2) of	nission, upon writte	
İss	uer (Print or Type)	Signature	Date	
U	nsignedArtists.com Inc.	x mu tu	June 4	2007
Nε	me of Signer (Print or Type)	Fitte of Signer (Print or Type)		
Sa	lvatore Fantasia	President and CEO		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

